

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	N.A.		
FORMALITY REVIEW	E.T.	926	05-24-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	8/9/01
2	✓
3	✓
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13	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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